

CAR-T Combinations (in Lymphoma)

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Conflicts of Interest



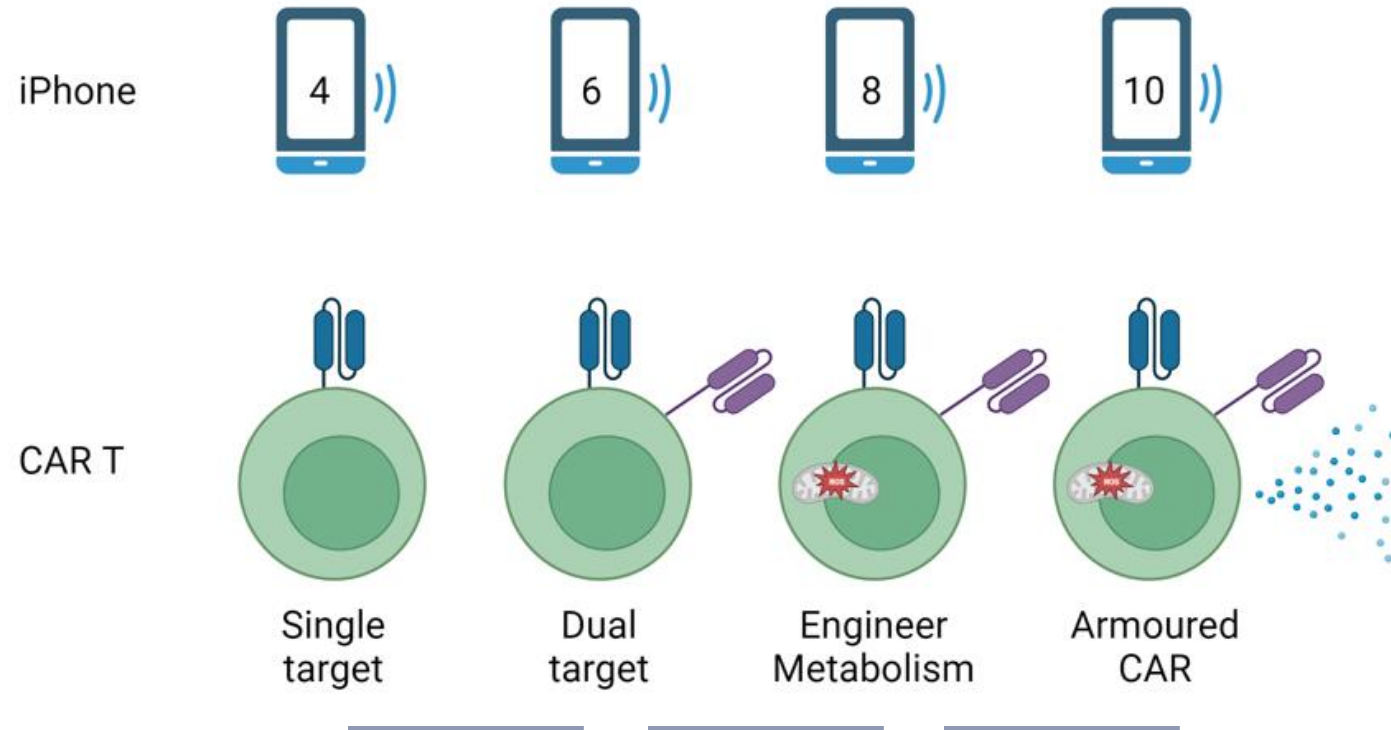
I have served on scientific advisory boards related to CAR T cell therapy for:

- Kite/Gilead, Novartis

I have institutional research funding from:

- Kite/Gilead, Incyte, Lilly

A problem in CAR T clinical development



Do you need to run a head:head trial to get approval?
Or do you have to test in post-CAR relapse?
Unclear regulatory path

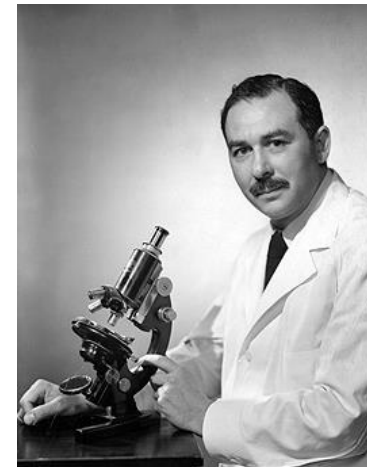
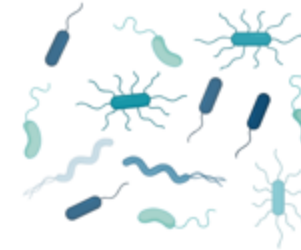
A problem in CAR T clinical development?



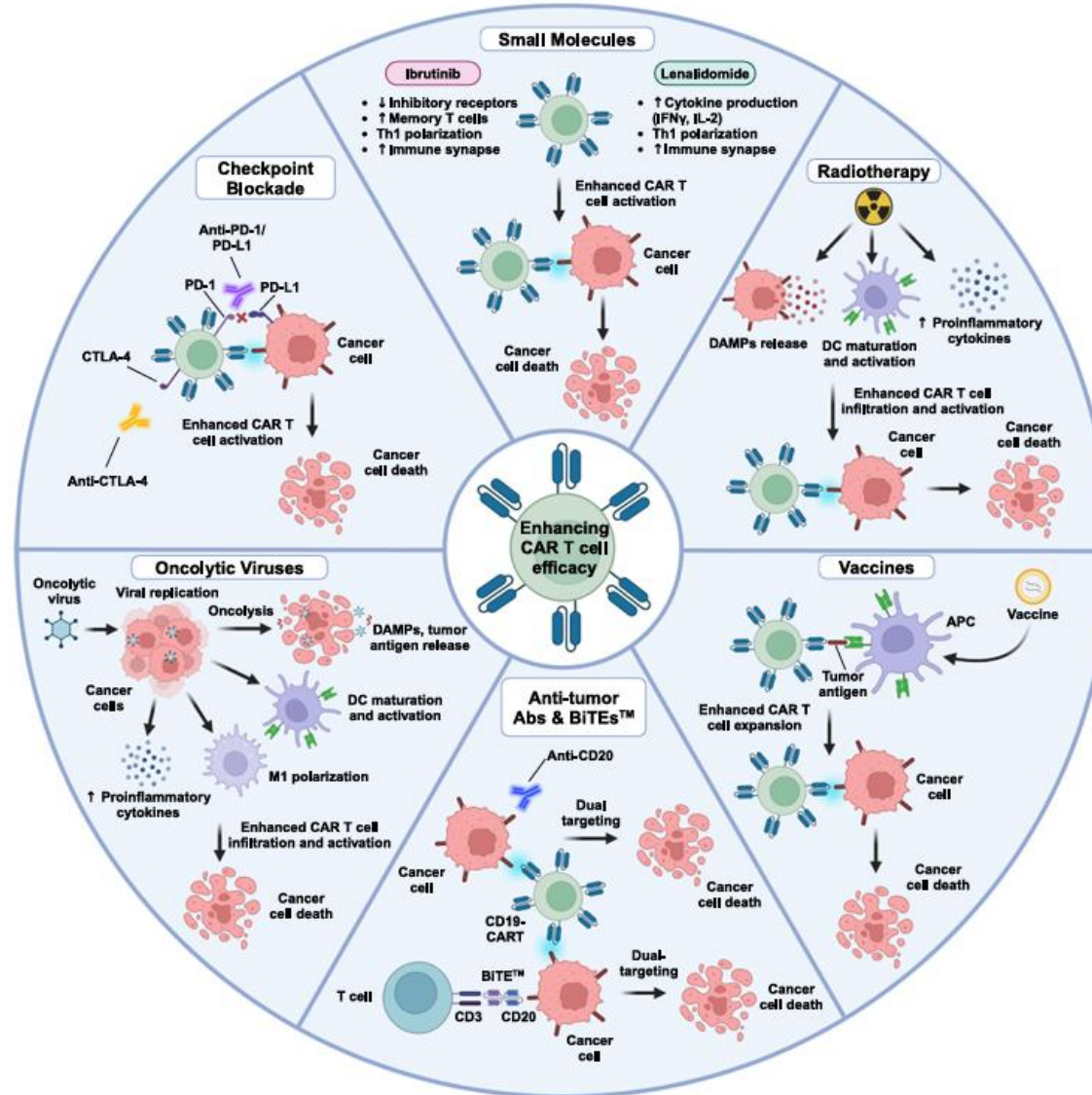
iPhone
+ other
gadgets



CAR T + other
interventions



Strategies for CAR T cell Combinations



Strategies for CAR T cell Combinations



Table 1. Examples of currently active and recruiting clinical trials testing different agents to enhance efficacy of chimeric antigen receptor (CAR) T cells (ClinicalTrials.gov as of April 11th, 2024)

| ClinicalTrials.gov identifier | CAR target | Combination agent | Combination agent function | Cancer type |
|-------------------------------|---------------|--|--|--------------------------------------|
| 1. NCT04134325 | 1. CD30 | 1. Pembro/nivolumab | PD-1 antibody | 1. r/r cHL |
| 2. NCT05659628 | 2. CD19 | 2. Tislelizumab | | 2. r/r DLBCL |
| 3. NCT04995003 | 3. HER2 | 3. Pembro/nivolumab | | 3. Sarcoma |
| 4. NCT05310591 | 4. CD19 | 4. Nivolumab | | 4. B-ALL |
| NCT04003649 | IL13Ra2 | Ipilimumab, nivolumab | CTLA-4 antibody, PD-1 antibody | Glioblastoma |
| NCT05052528 | CD19 | Rituximab | CD20 antibody | r/r DLBCL |
| NCT05495464 | CD19 | Acalabrutinib, rituximab | BTK inhibition, CD20 antibody | MCL |
| NCT04889716 | CD19 | Obinutuzumab, glofitamab, mosunetuzumab | CD20 antibody, CD3/CD20 BiTE, CD3/CD20 BiTE | r/r DLBCL |
| 1. NCT05260957 | 1. + 2. CD19 | 1. + 2. Mosunetuzumab, polatuzumab vedotin 3. T cell engaging ab | 1. + 2. CD3/CD20 BiTE, CD79b antibody 3. EGFR/CD3 BiTE | 1. r/r NHL |
| 2. NCT05633615 | 3. EGFRvIII | | | 2. r/r DLBCL, FL |
| 3. NCT05660369 | | | | 3. Glioblastoma |
| 1. NCT03960840 | CD19 | 1. Ibrutinib | BTK inhibition | 1. CLL, SLL |
| 2. NCT05744037 | | 2. Ibrutinib | | 2. r/r NHL |
| 3. NCT05020392 | | 3. Not specified | | 3. r/r B cell lymphoma |
| 4. NCT04257578 | | 4. Acalabrutinib | | 4. B cell lymphoma |
| 5. NCT04484012 | | 5. Acalabrutinib | | 5. r/r MCL |
| 6. NCT05202782 | | 6. Zanubrutinib | | 6. B-NHL |
| 7. NCT05873712 | | 7. Zanubrutinib | | 7. Richter's transform. |
| NCT05672173 | CD19 | Nivolumab, ibrutinib | PD1 antibody, BTK inhibitor | Richter's transform. |
| NCT06045806 | BCMA | Lenalidomide | Thalidomide derivate | MM |
| 1. NCT05801913 | 1. CMV-CD19 | 1. CMV-MVA Triplex | Vaccine | 1. B-NHL |
| 2. NCT05432635 | 2. CMV-CD19 | 2. CMV-MVA Triplex | | 2. B-NHL |
| 3. NCT04503278 | 3. CLDN6 | 3. RNA-LPX | | 3. CLDN6* solid tum. |
| 4. NCT05381662 | 4. CD19 | 4. CD19 feeder T cells | | 4. ALL |
| 5. NCT03291444 | 5. CD33 | 5. Dendritic cells | | 5. AML/MDS |
| 1. NCT03740256 | 1. HER2 | 1. CAAdVEC | Oncolytic virus | 1. HER2* solid tum. |
| 2. NCT05057715 | 2. Mesothelin | 2. VCN-01 | | 2. Pancreatic cancer, ovarian cancer |
| 1. NCT05800405 | 1. CD19 | Radiotherapy | | 1. r/r LBCL |
| 2. NCT06104592 | 2. CD19 | | | 2. r/r LBCL |
| 3. NCT05621096 | 3. CD19 | | | 3. r/r B-NHL |
| 4. NCT04790747 | 4. n/s | | | 4. r/r hematol. malign. |
| 5. NCT05574114 | 5. CD19 | | | 5. B cell lymphoma |
| 6. NCT05805371 | 6. PSCA | | | 6. Prostate cancer |
| 7. NCT05514327 | 7. CD19 | | | 7. r/r DLBCL |
| 8. NCT06043323 | 8. CD19 | | | 8. r/r FL |
| 9. NCT04601831 | 9. CD19 | | | 9. r/r NHL |
| 10. NCT05336383 | 10. BCMA | | | 10. r/r MM |

Moffitt IITs Currently Enrolling Combinations

NCT06104592 – Comprehensive Ablative Bridging Irradiation Prior to CAR T in R/R DLBCL

NCT05757219 – Itacitinib Pre-modulation in DLBCL Receiving CAR T cell therapy

NCT06553872 – Phase 2 Open Label Randomized Study of Pirtobrutinib and Brexucabtagene Autoleucel in R/R Mantle Cell Lymphoma

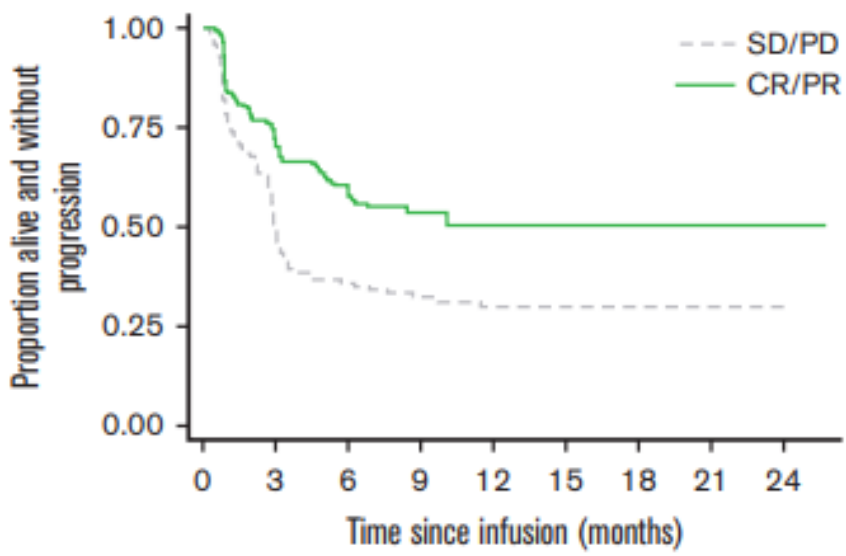
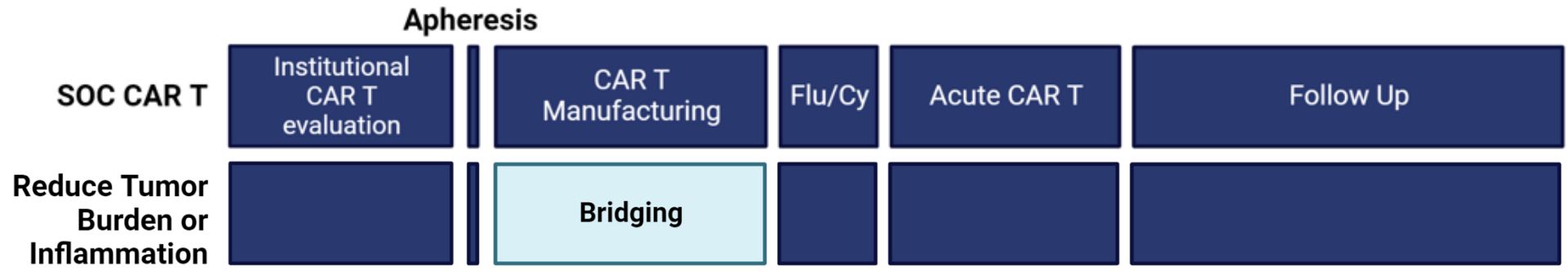
Goals of Combinations with CAR T cell therapies



| | Apheresis | | | | |
|---|--------------------------------|---------------------|--------|-------------|--------------------------------|
| SOC CAR T | Institutional CAR T evaluation | CAR T Manufacturing | Flu/Cy | Acute CAR T | Follow Up |
| Improve T cell Quality | Pre-aph | | | | |
| Reduce Tumor Burden or Inflammation | | Bridging | | | |
| Intensify LD | | | LD | | |
| Reduce toxicity or Improve CAR function | | | | Concurrent | |
| Reduce Tumor or Improve CAR persistence | | | | | Maintenance or Intensification |
| Multiple benefits | Pre-aph | Bridging | LD | Concurrent | Maintenance or Intensification |



Combinations Aimed at Improving Bridging



Response to bridging associates with improved outcomes after CAR T.

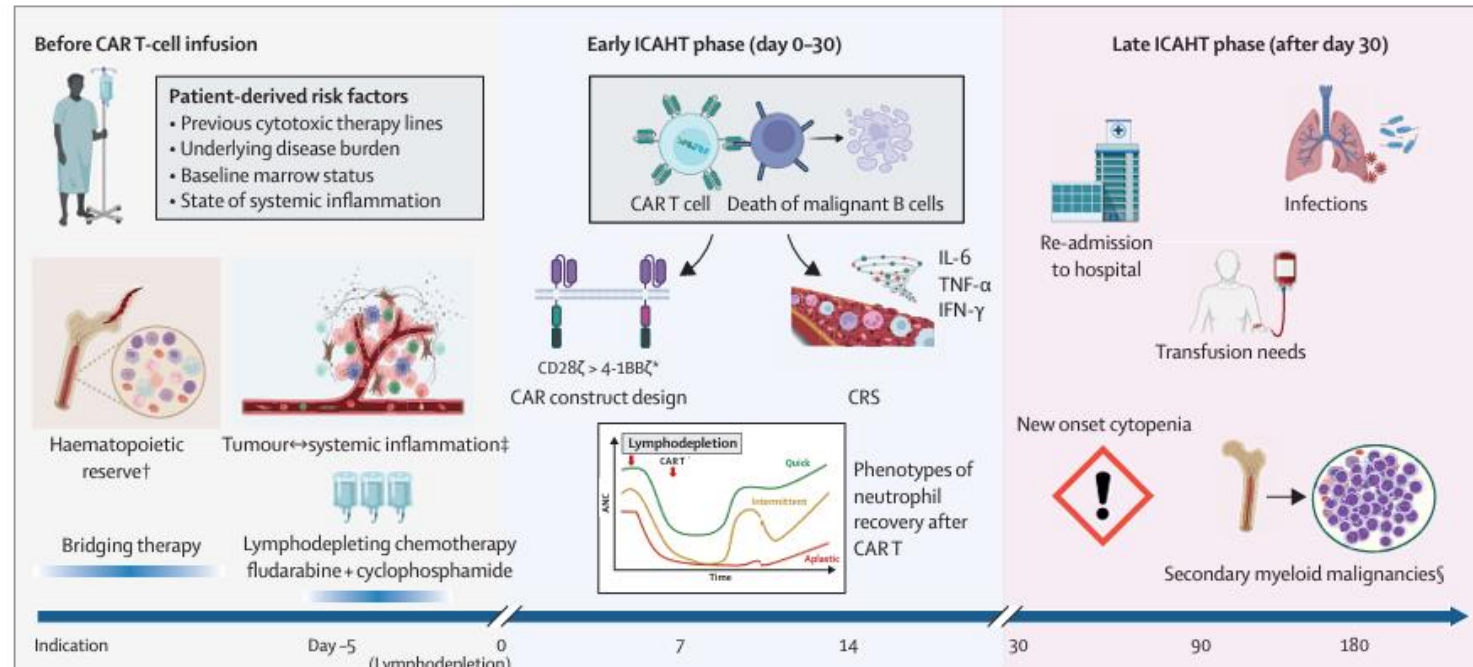
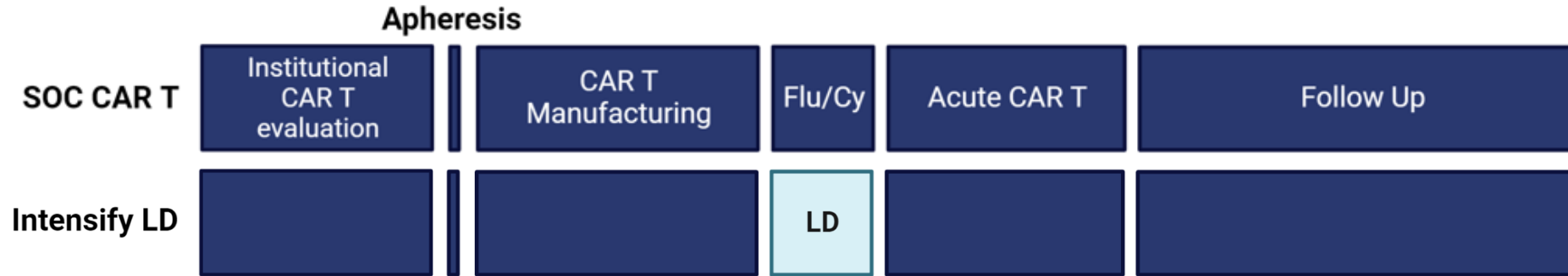
Possible effects of improved bridging:

- Reduce tumor burden
- Reduce systemic inflammation (CRP/ferritin/IL-6)
- Improve tumor microenvironment

| Number at risk | | 0 | 3 | 6 | 9 | 12 | 15 | 18 | 21 | 24 |
|----------------|-----|----|----|----|----|----|----|----|----|----|
| SD/PD | 115 | 58 | 38 | 28 | 19 | 13 | 9 | 2 | 1 | |
| CR/PR | 104 | 74 | 62 | 39 | 24 | 14 | 10 | 3 | 1 | |

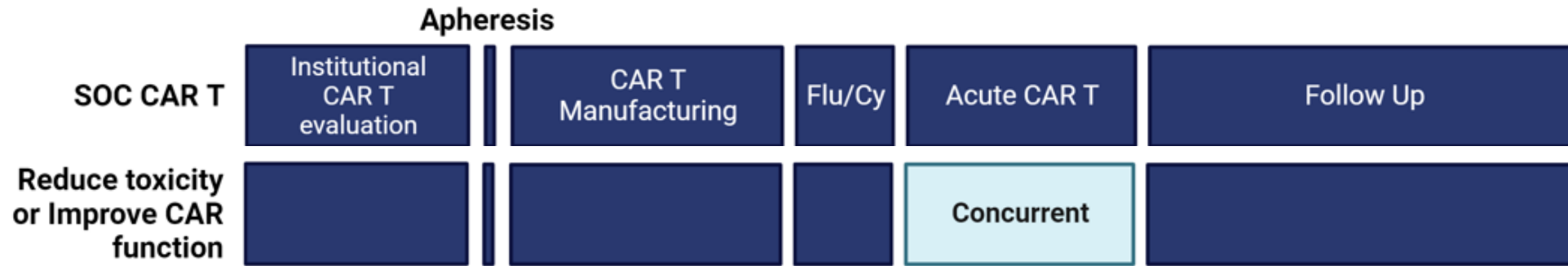
Roddie et al. Blood Adv. 2023

Combinations Aimed at Improving Lymphodepletion





Combinations Aimed at Reducing Toxicity



Examples of trials giving concurrent therapies to reduce CAR T cell toxicity:

- Prophylactic anti-cytokines:
 - Steroids
 - Tocilizumab (anti-IL6)
 - Anakinra (anti-IL1)
 - Lenzilumab (anti-GM-CSF)
 - Emapalumab (anti-IFN-gamma)

- Concurrent JAK1 inhibition: Itacitinib

Combinations Aimed at Reducing Toxicity



Prophylactic Anakinra 100 mg BID sc

N=31 (n=23 axi-cel/DLBCL; n=4 brexu-cel/MCL; n=4 tisa-cel)

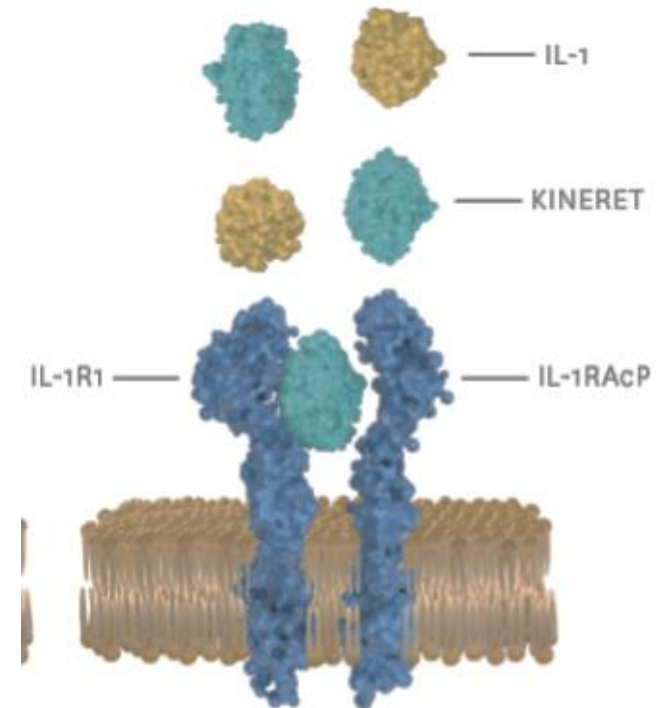
Started either at Day 2 (n=25), or if fever before Day 2 (n=6)

- Continued until at least Day 10.

All-grade ICANS 19%, severe ICANS 9.7% (none grade 4 or 5).

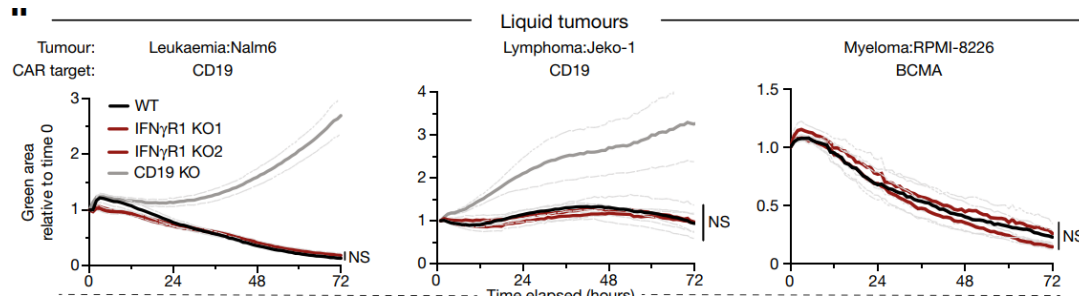
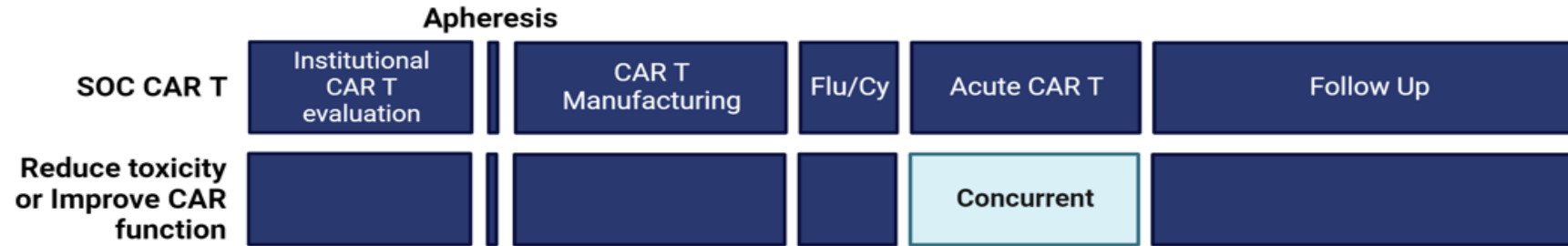
All-grade CRS 74%, severe CRS 6.4%.

ORR 77%, CR 65%.

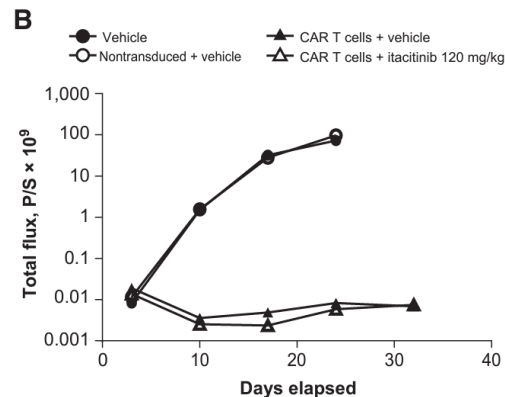
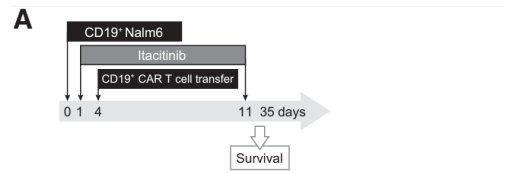




Combinations Aimed at Reducing Toxicity



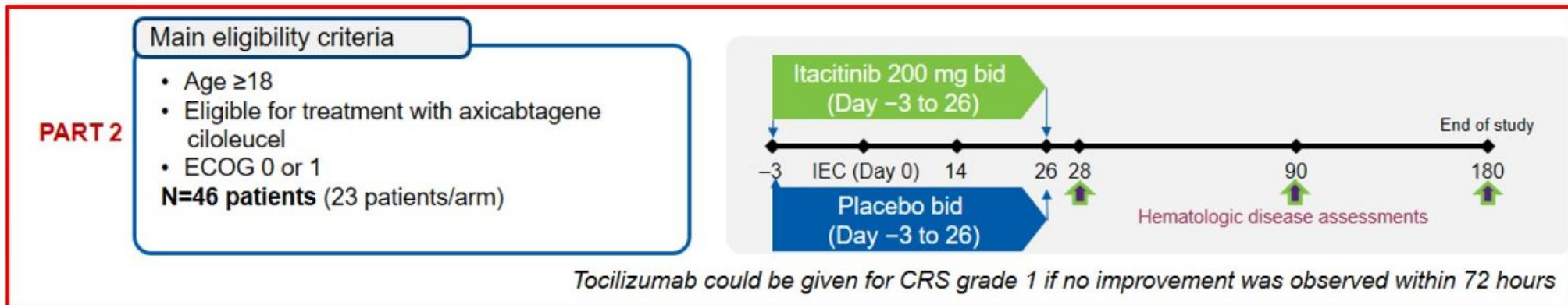
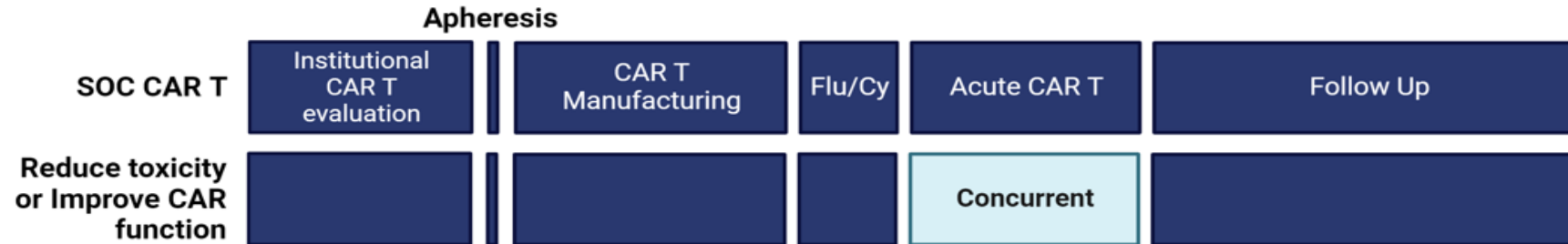
Liquid tumors do not require IFN/JAK1/2 signaling for CAR cytotoxicity (Jensen et al. Nature 2022)



Itacitinib, a JAK1 inhibitor, does not affect CAR T cell efficacy in mice (Huarte et al. Clin. Cancer Res. 2020)



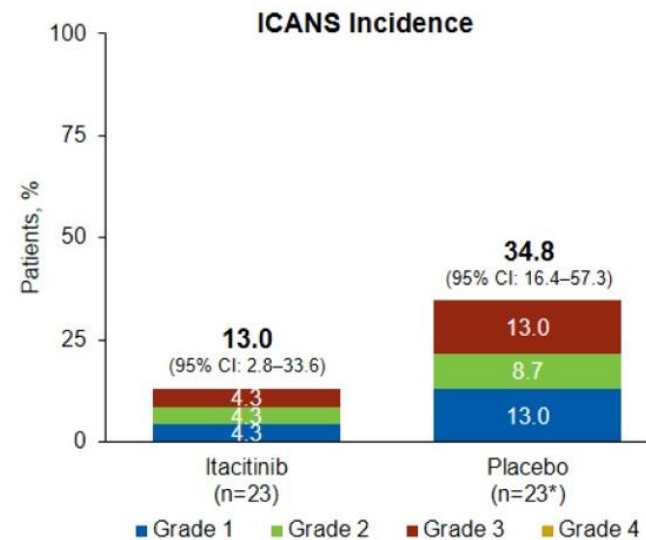
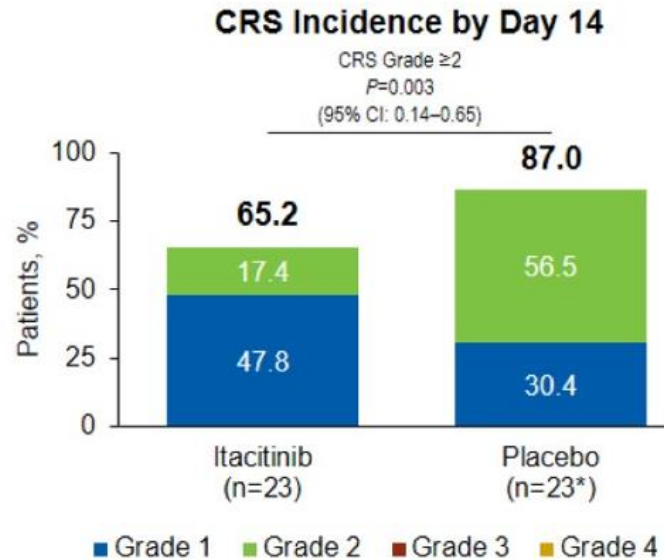
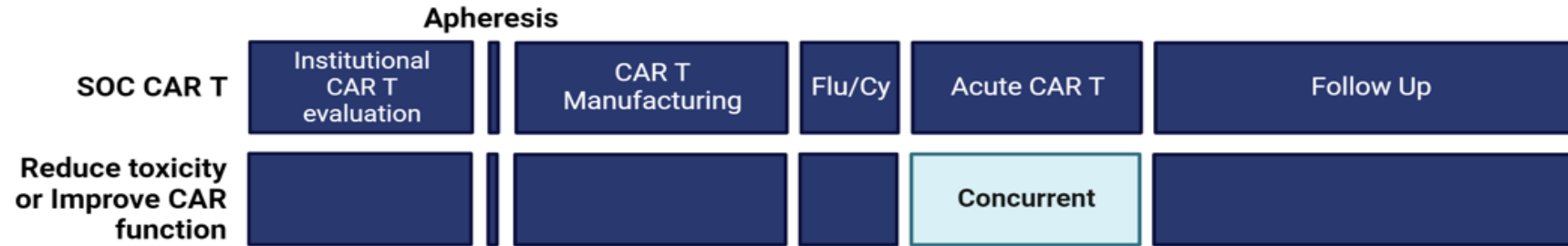
Combinations Aimed at Reducing Toxicity



- **Primary endpoint:** Incidence of CRS grade ≥ 2 by Day 14 per ASTCT consensus grading

Frigault et al. ASH 2023

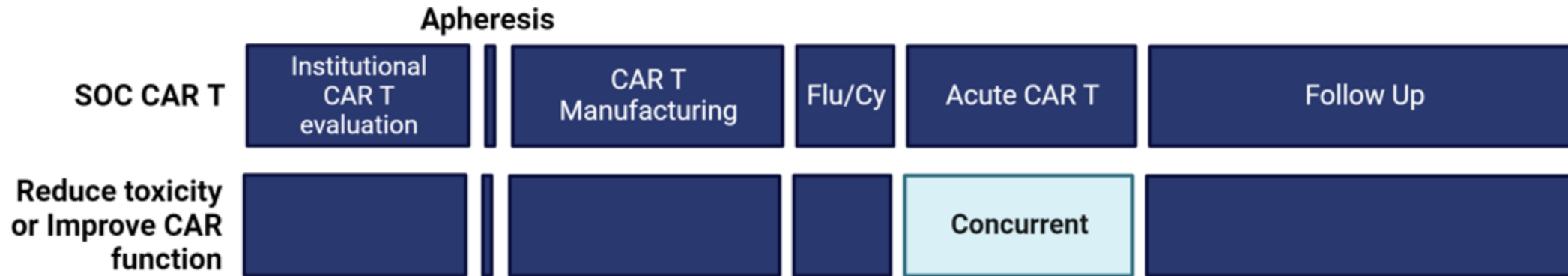
Combinations Aimed at Reducing Toxicity



| | Itacitinib + axi-cel | Placebo + axi-cel |
|-------------------------------------|----------------------|-------------------|
| ORR at 6 months, [†] n (%) | 9 (39.1) | 6 (26.1) |
| [95% CI] | [19.7, 61.5] | [10.2, 48.4] |
| CR | 9 (39.1) | 5 (21.7) |

Frigault et al. ASH 2023

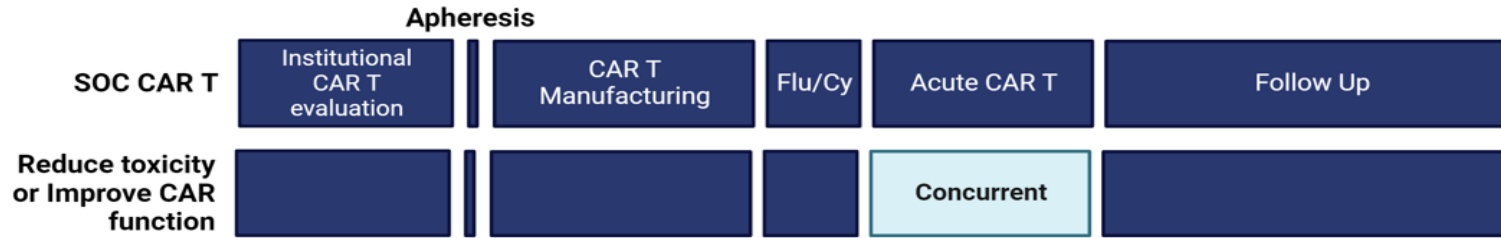
Combinations Aimed at Increasing CAR Function



Examples of trials giving concurrent therapies to increase CAR T cell function:

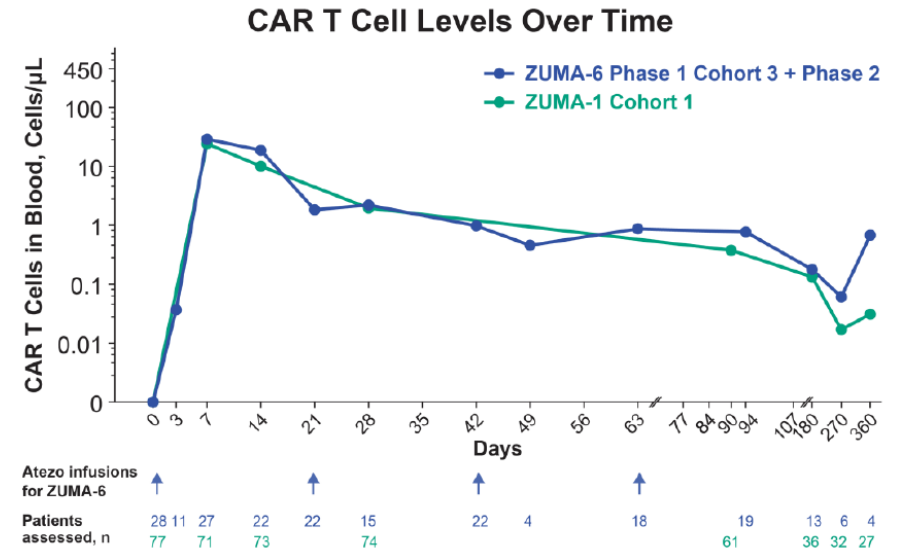
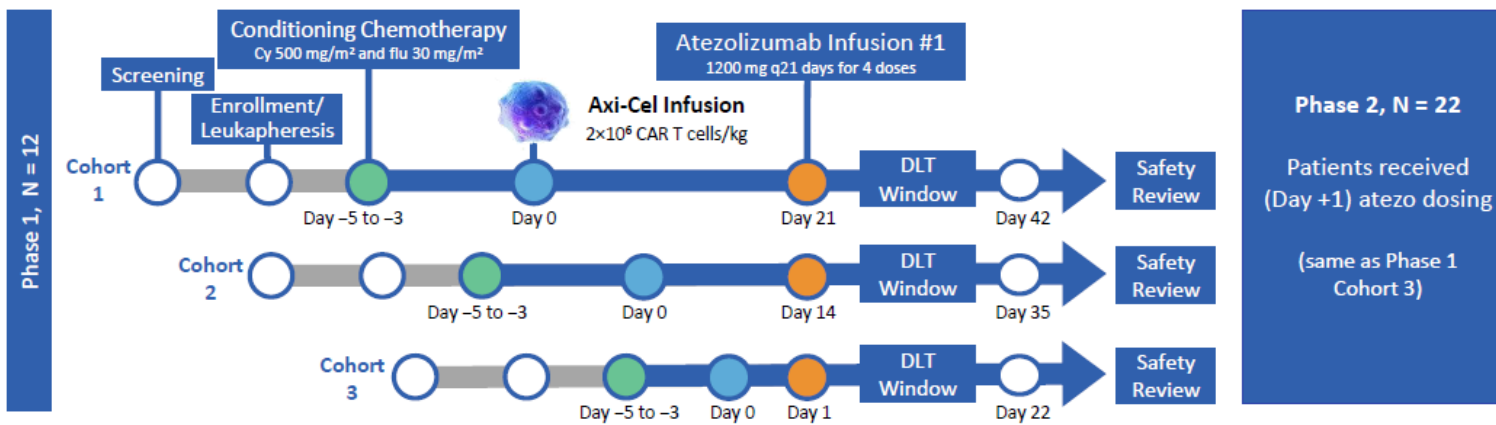
- CAR T plus immune modulators: Anti-PD-L1; 4-1BB agonist

Combinations Aimed at Increasing CAR Function

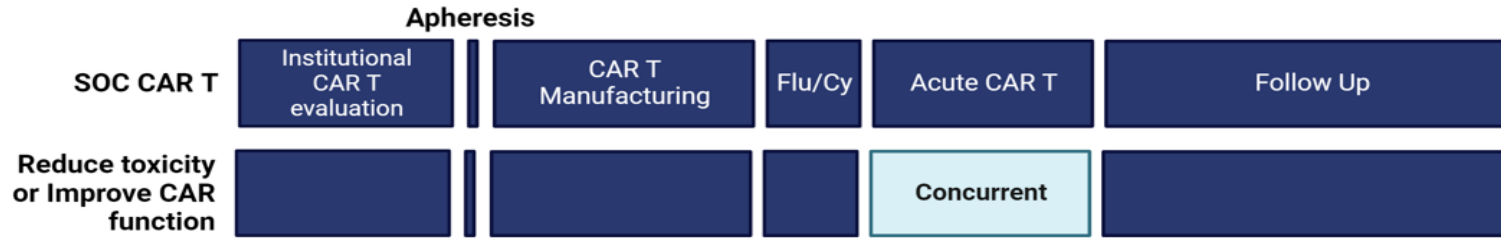


Atezolizumab (anti-PD-L1) plus axi-cel (CD19/CD28) in R/R DLBCL (ZUMA-6)

N=28. ORR 75%, CR 46%, Gr3+ CRS 4%, Gr3+ ICANS 8%

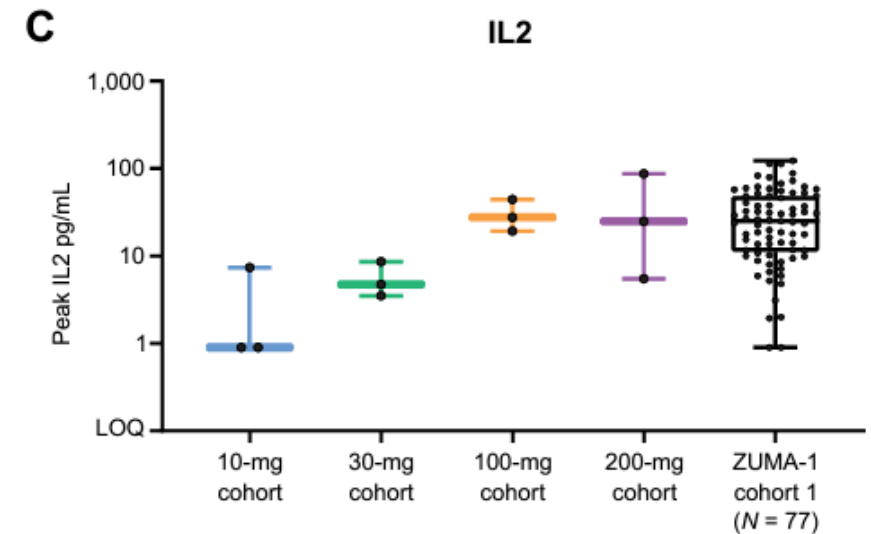
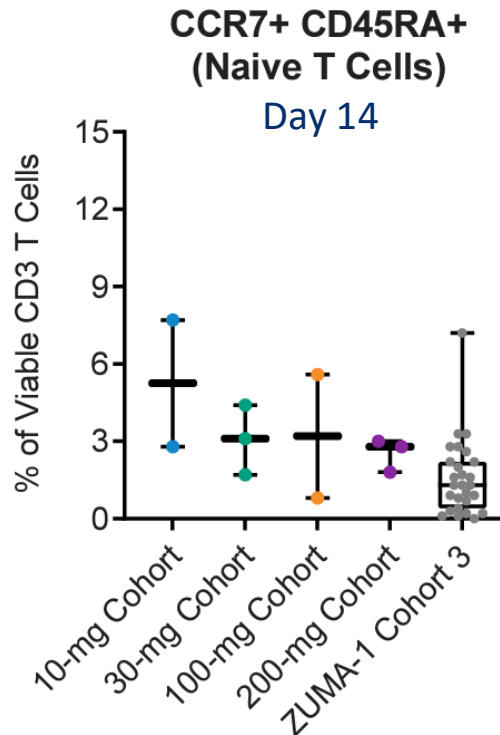
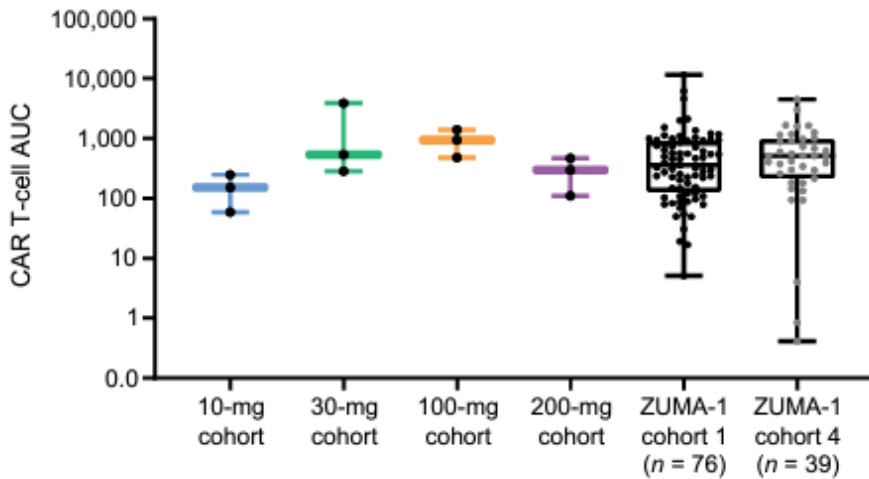


Combinations Aimed at Increasing CAR Function

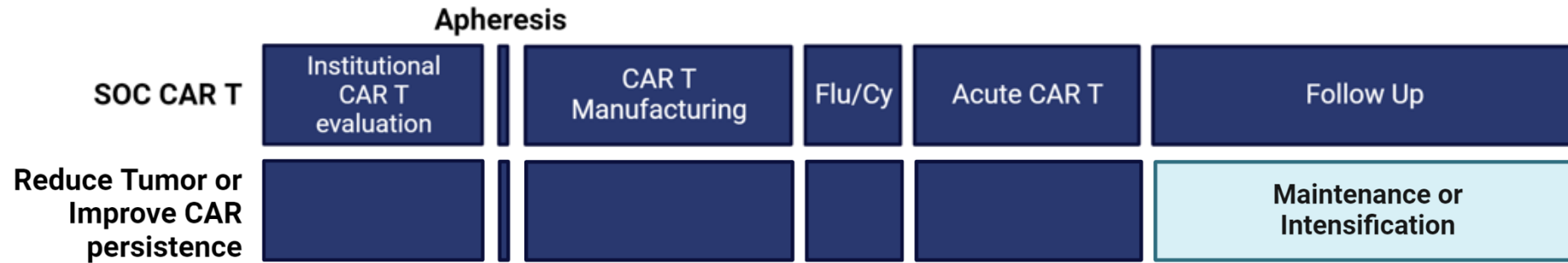


Utomilumab (4-1BB agonist) plus axi-cel (CD19/CD28) in R/R DLBCL (ZUMA-11)

N=12. ORR 75%, CR 58%, no Gr3 CRS or Gr3 ICANS



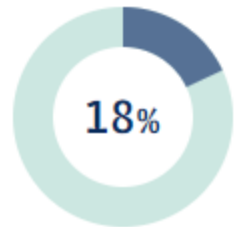
Combinations as Maintenance/Intensification



SWOG S2114: A Randomized Phase II trial of consolidation therapy following CD19 CAR T-cell treatment for Relapsed/Refractory Large B-cell Lymphoma or Grade IIIB Follicular Lymphoma

Day 30 PET – if SD or PR →

1. CD79b ADC (Pola)
2. CD20/CD3 bispecific (Mosun)
3. Mosun+Pola
4. None



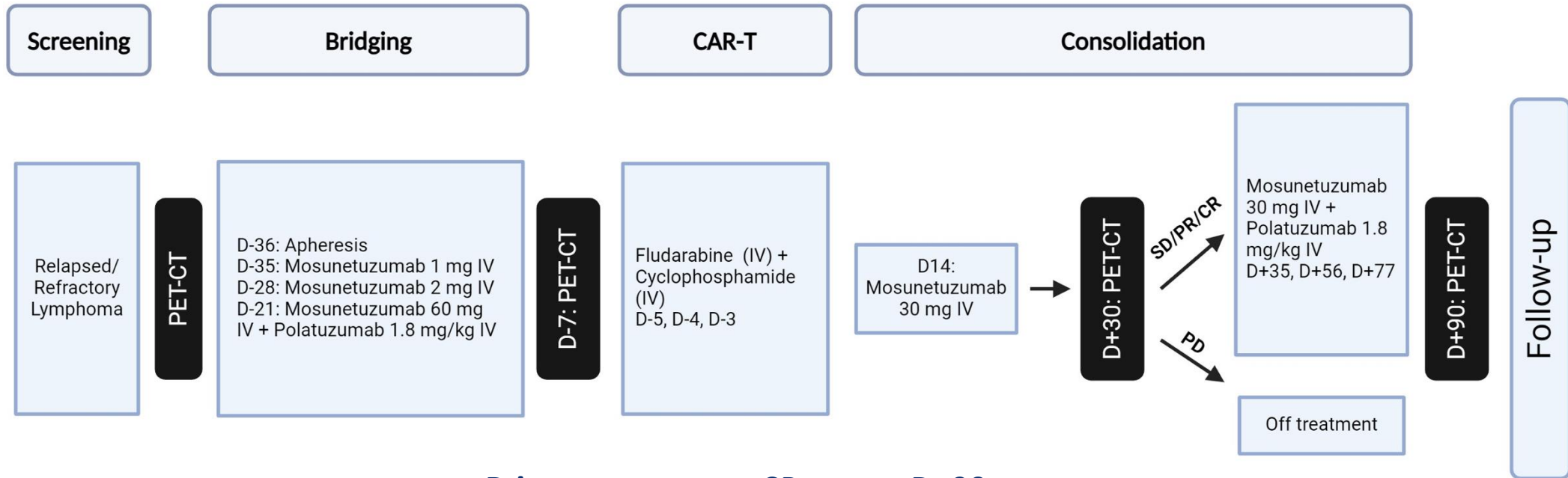
Accrual

Opened Feb 2023



Combinations with Multiple Benefits

Mosun (CD20/CD3 bispecific), Polatuzumab (CD79 ADC), and CAR T for R/R DLBCL



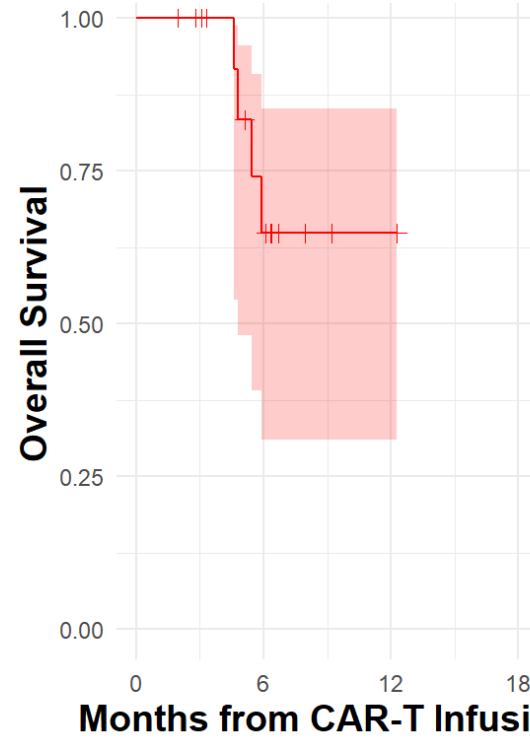
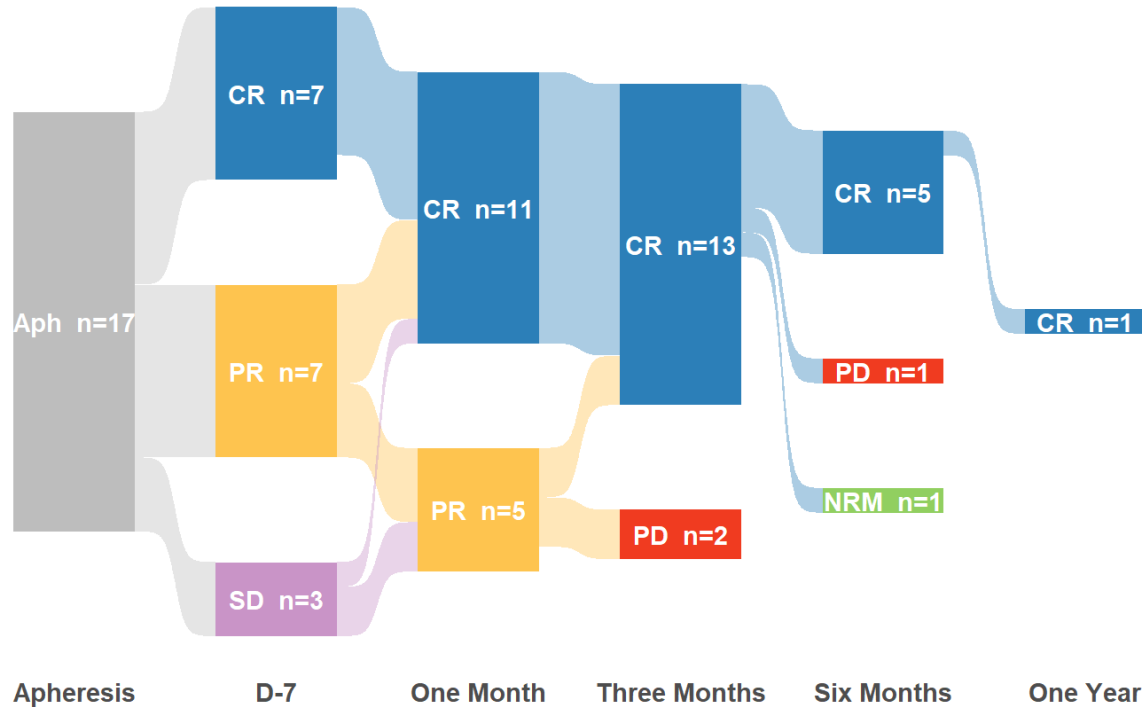
Primary outcome: CR rate at D+90
Secondary outcomes: PFS, OS, DOR

Spiegel, Lekakis et al. IWCA 2024

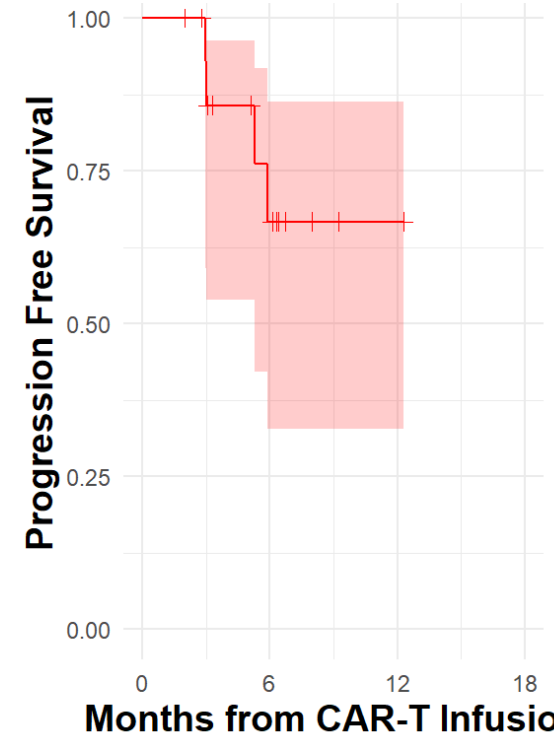
Combinations with Multiple Benefits



Mosun (CD20/CD3 bispecific), Polatuzumab (CD79 ADC), and CAR T for R/R DLBCL



| At Risk | 0 | 6 | 12 | 18 |
|---------|----|---|----|----|
| At Risk | 16 | 7 | 1 | 0 |
| Events | 0 | 4 | 4 | 4 |



| At Risk | 0 | 6 | 12 | 18 |
|---------|----|---|----|----|
| At Risk | 16 | 7 | 1 | 0 |
| Events | 0 | 4 | 4 | 4 |

CMV reactivation 59%; now managed with letermovir
 Grade 3+ CRS: 0%
 Grade 3+ ICANS: 31%

Median follow-up: 6.3 months

6-month PFS: 67%

Combinations with Multiple Benefits



CAR T-cells and Time-Limited Ibrutinib as Treatment for Relapsed/Refractory Mantle Cell Lymphoma: Phase II TARMAC Study Primary Analysis

TARMAC study
(NCT04234061)

Key inclusion criteria:

- Relapsed/refractory MCL
- ≥18yo
- Radiographically assessable or bone marrow phase disease

Key exclusion criteria:

- Prior allogeneic transplant
- Active CNS involvement

Genomic characteristics:

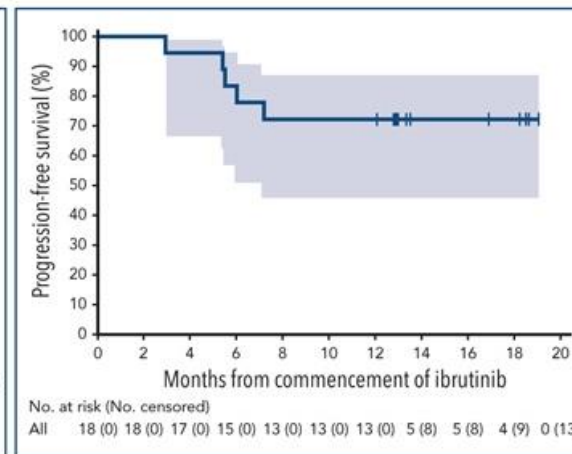
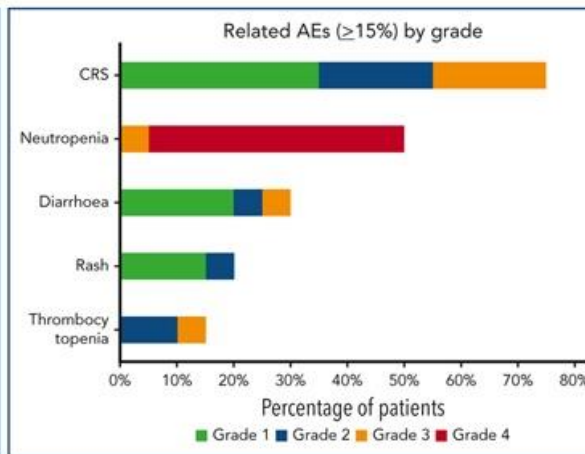
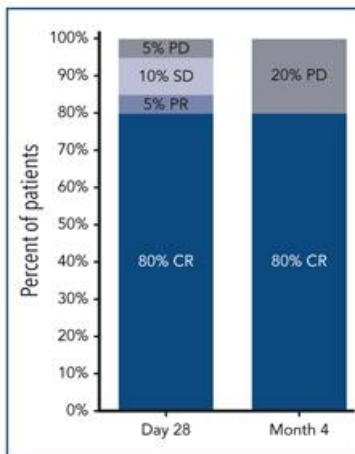
- 9 patients with *TP53* aberrancy
- 7 with concurrent deletion + mutation

Study Schema:



Ibrutinib for minimum of 7 days prior to leukapheresis
Lymphodepletion with fludarabine/cyclophosphamide x 3 days
Time-limited therapy: ibrutinib ceased at 6 months if measurable residual disease (MRD) negative by flow cytometry

Main findings:
Response,
adverse events,
and PFS



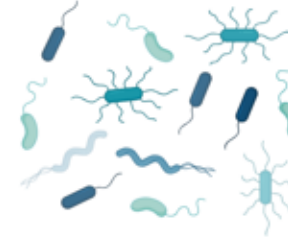
N=20 patients
 Ibrutinib (BTKi) plus Tisa-cel
 12 month PFS 75%
 Grade 3+ CRS: 20%
 Grade 3+ ICANS: 0%

Minson et al. Blood 2024

A solution for CAR T clinical problems?



CAR T + other interventions



Apheresis

| | Institutional CAR T evaluation | CAR T Manufacturing | Flu/Cy | Acute CAR T | Follow Up |
|---|--------------------------------|---------------------|--------|-------------|--------------------------------|
| SOC CAR T | | | | | |
| Improve T cell Quality | Pre-aph | | | | |
| Reduce Tumor Burden or Inflammation | | Bridging | | | |
| Intensify LD | | | LD | | |
| Reduce toxicity or Improve CAR function | | | | Concurrent | |
| Reduce Tumor or Improve CAR persistence | | | | | Maintenance or Intensification |
| Multiple benefits | Pre-aph | Bridging | LD | Concurrent | Maintenance or Intensification |

CAR T Combinations:

- Many possibilities for combinations
- Timing of the combination may leverage different aspects of tumor and CAR T cell biology
- Potentially straightforward for clinical development

Moffitt Lymphoma CAR T cell Therapy

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